
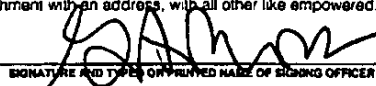


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

05 OCT -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |   |
|---|--|--|---|
| DOCUMENT # F01000004484   |  |   |   |
| 1. Entity Name<br>ZLB BIOPLASMA INC.  |  |  |   |
| Principal Place of Business<br>801 NORTH BRAND BOULEVARD<br>SUITE 1150<br>GLENDALE, CA 91203 US   |  | Mailing Address<br>5201 CONGRESS AVE<br>SUITE 220<br>BOCA RATON, FL 33487 US   |   |
| 2. Principal Place of Business<br>5201 CONGRESS AVE   |  | 3. Mailing Address<br>1020 FIRST AVE   |   |
| Suite, Apt. #, etc.<br>SUITE 220  |  | Suite, Apt. #, etc.<br>PO Box 61501, ATTN: TAX DEPT.   |   |
| City & State<br>BOCA RATON, FL  |  | City & State<br>KING OF PRUSSIA, PA  |   |
| Zip<br>33487  | Country<br>US  | Zip<br>19406   | Country<br>US   |
| 4. FEI Number<br>74-2967974   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>   |  |  |   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>TURNER, PETER<br>WANKDORFSTRASSE 10-<br>CH-3800 BERN 22, SW <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1020 First Ave<br>KING OF PRUSSIA, PA 19406 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>TURVEY, PETER<br>45 POPLAR ROAK<br>PARKVILLE, VICTORIA, AUSTRALIA. <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300060245633<br>10/05/05--01018--005 **130.00          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CIPA, ANTONI<br>45 POPLAR ROAK<br>PARKVILLE, VICTORIA, AUSTRALIA. <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WOOD, JACK<br>45 POPLAR ROAK<br>PARKVILLE, VICTORIA, AUSTRALIA. <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCNAMEE, BRIAN<br>45 POPLAR ROAK<br>PARKVILLE, VICTORIA, AUSTRALIA. <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>BR 10/4  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>BOSS, GREGORY<br>801 N BRAND BLVD SUITE 1150<br>GLENDALE, CA 91203 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1020 First Ave<br>KING OF PRUSSIA PA 19406  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |
| SIGNATURE:   |  | 8.15.05 610 878 4532<br>Date Daytime Phone #   |   |